



# **KERN HEALTH SYSTEMS**

## **GOVERNANCE AND COMPLIANCE COMMITTEE MEETING**

**Thursday, August 1, 2024  
at  
8:00 a.m.**

**Kern Health Systems  
2900 Buck Owens Blvd.  
4<sup>th</sup> floor – Kern River Room  
Bakersfield, CA 93308**

**For more information, call (661) 664-5000**



## **AGENDA**

### **GOVERNANCE AND COMPLIANCE COMMITTEE MEETING**

**KERN HEALTH SYSTEMS**  
**2900 Buck Owens Boulevard**  
Bakersfield, California 93308

**Thursday, August 1, 2024**

**8:00 A.M.**

All agenda item supporting documentation is available for public review on the Kern Health Systems website: <https://www.kernfamilyhealthcare.com/about-us/governing-board/>  
Following the posting of the agenda, any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available on the KHS website.

**PLEASE SILENT CELL PHONES AND OTHER ELECTRONIC DEVICES DURING THE MEETING**

#### **COMMITTEE TO RECONVENE**

Members: Acharya, Hoffmann, Meave, Turnipseed  
ROLL CALL:

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" ARE CONSIDERED TO BE ROUTINE AND NON-CONTROVERSIAL BY KERN HEALTH SYSTEMS STAFF. THE "CA" REPRESENTS THE CONSENT AGENDA. CONSENT ITEMS WILL BE CONSIDERED FIRST AND MAY BE APPROVED BY ONE MOTION IF NO MEMBER OF THE COMMITTEE OR AUDIENCE WISHES TO COMMENT OR ASK QUESTIONS. IF COMMENT OR DISCUSSION IS DESIRED BY ANYONE, THE ITEM WILL BE REMOVED FROM THE CONSENT AGENDA AND WILL BE CONSIDERED IN LISTED SEQUENCE WITH AN OPPORTUNITY FOR ANY MEMBER OF THE PUBLIC TO ADDRESS THE COMMITTEE CONCERNING THE ITEM BEFORE ACTION IS TAKEN.

STAFF RECOMMENDATION SHOWN IN CAPS

**AGENDA**

Governance and Compliance Committee Meeting  
Kern Health Systems

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**PUBLIC PRESENTATIONS**

- 1) This portion of the meeting is reserved for persons to address the Committee on any matter not on this agenda but under the jurisdiction of the Committee. Committee members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Committee at a later meeting. Also, the Committee may take action to direct the staff to place a matter of business on a future agenda. **SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!**

**COMMITTEE MEMBER ANNOUNCEMENTS OR REPORTS**

- 2) On their own initiative, Committee members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Government Code Section 54954.2(a)(2))

**COMMITTEE MATTERS**

- 3) Report on Kern Health Systems Enterprise Risk Management (Fiscal Impact: None) –  
RECEIVE AND FILE
- 4) Report on Kern Health Systems MCAS Managed Care Plan Comparison (Fiscal Impact: None) –  
RECEIVE AND FILE

ADJOURN TO THURSDAY, SEPTEMBER 12, 2024, AT 8:30 A.M.

**AMERICANS WITH DISABILITIES ACT  
(Government Code Section 54953.2)**

The meeting facilities at Kern Health Systems are accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the KHS Finance Committee may request assistance at the Kern Health Systems office, 2900 Buck Owens Boulevard, Bakersfield, California 93308 or by calling (661) 664-5000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting material available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.



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## MEMORANDUM

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**TO:** Kern Health Systems Governance and Compliance Committee  
**FROM:** Deborah Murr, Chief Compliance and Fraud Prevention Officer  
**SUBJECT:** Enterprise Risk Assessment  
**DATE:** August 1, 2024

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### **BACKGROUND**

Enterprise risk management (ERM) is a methodology that looks at risk management strategically from the perspective of the entire firm or organization. It is a top-down strategy that aims to identify, assess, and prepare for potential harm that may interfere with an organization's operations and objectives and/or lead to losses.

ERM, therefore, works to minimize organizational-wide risk as well as identify unique opportunities. Communicating and coordinating between different business units are key for ERM to succeed, as the risk decision coming from top management should align with departmental assessments. Employing a resolute enterprise risk management team that oversees the workings of the organization is essential to risk mitigation.

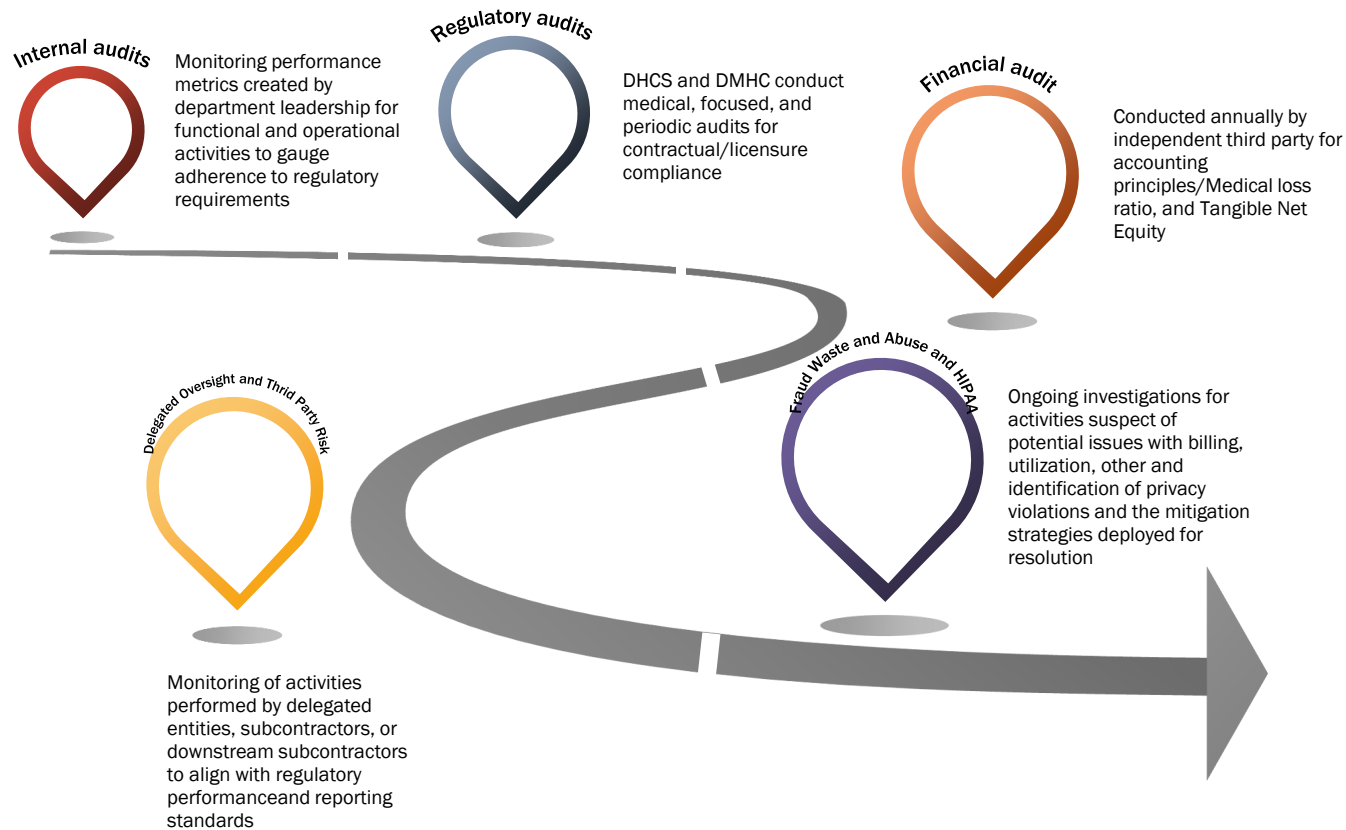
Risks can be measured across several domains: compliance, legal, strategic, security, financial, and operational. It is the practices, policies, and framework for how our organization control the variety of risks it confronts.

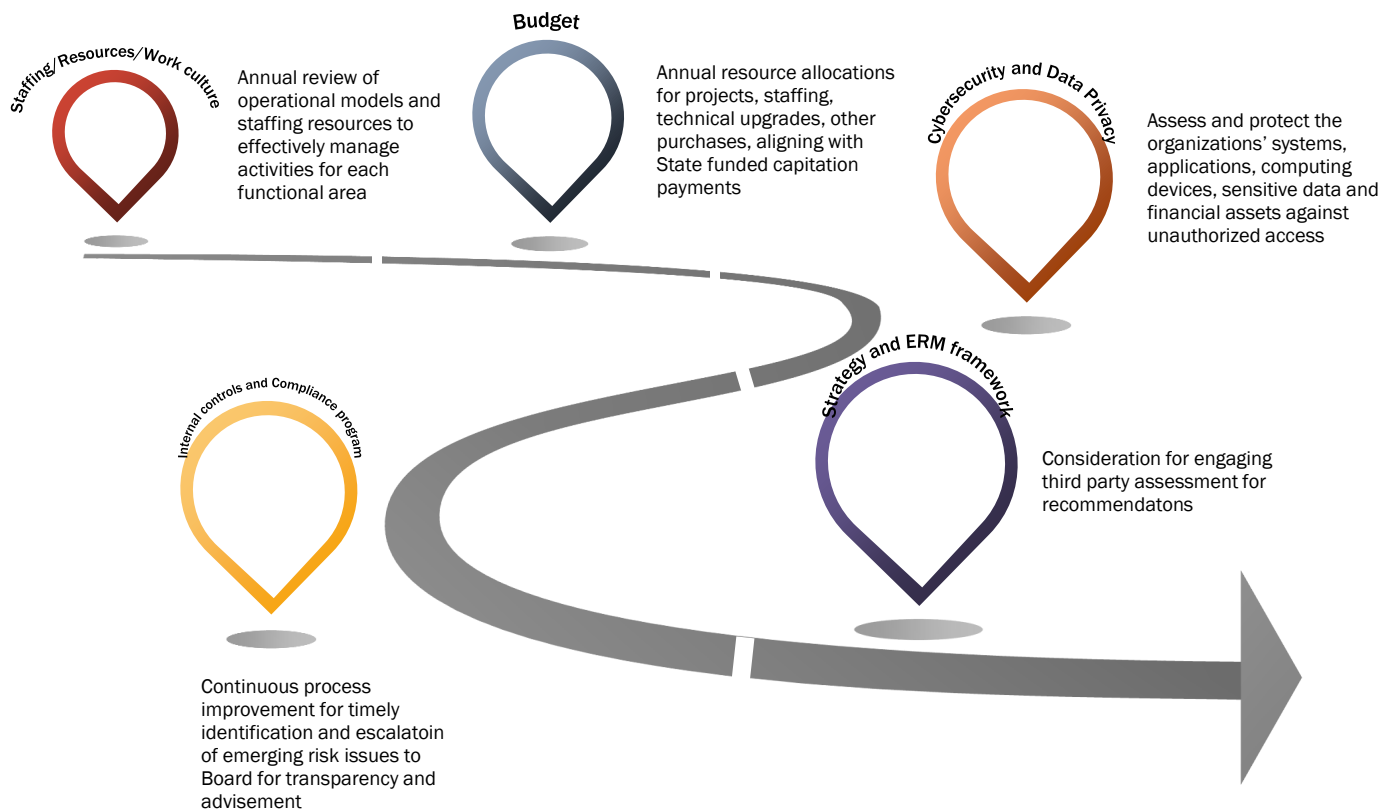
Internal controls, both preventative and detective, as well as communication and monitoring are activities that must function cyclically to continuously assess the effectiveness of the ERM. This includes the development of key performance indicators/metrics to quantifiably gauge and assess if the organization is accountable on whether objectives as met.

ERM assessments can be performed internally by organizational staff or externally by vendors. Focus areas and action plans can be formalized using the collective data to drive process improvements.

### **REQUESTED ACTION**

Receive and file.











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## MEMORANDUM

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**TO:** Kern Health Systems Governance and Compliance Committee  
**FROM:** Deborah Murr, Chief Compliance and Fraud Prevention Officer  
**SUBJECT:** Managed Care Accountability Set (MCAS) Managed Care Plans Comparison  
**DATE:** August 1, 2024

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### **BACKGROUND**

The Department of Health Care Services (DHCS) requires Medi-Cal Managed Care Plans (MCPs) to report annually on a set of quality measures, the Managed Care Accountability Set (MCAS), which is comprised of various health related outcomes to include measures that represent children's and reproductive health preventive services, and chronic medical and behavioral health conditions.

DHCS establishes a Minimum Performance Level (MPL) on qualifying performance measures based on the National Committee for Quality Assurance's (NCQA) national Medicaid 50th percentile. The MPL represents a quality standard that MCPs contracting with DHCS are required to meet or exceed, while the High-Performance Level (HPL), set at the 90th percentile, is the ultimate quality goal for all contracted MCPs.

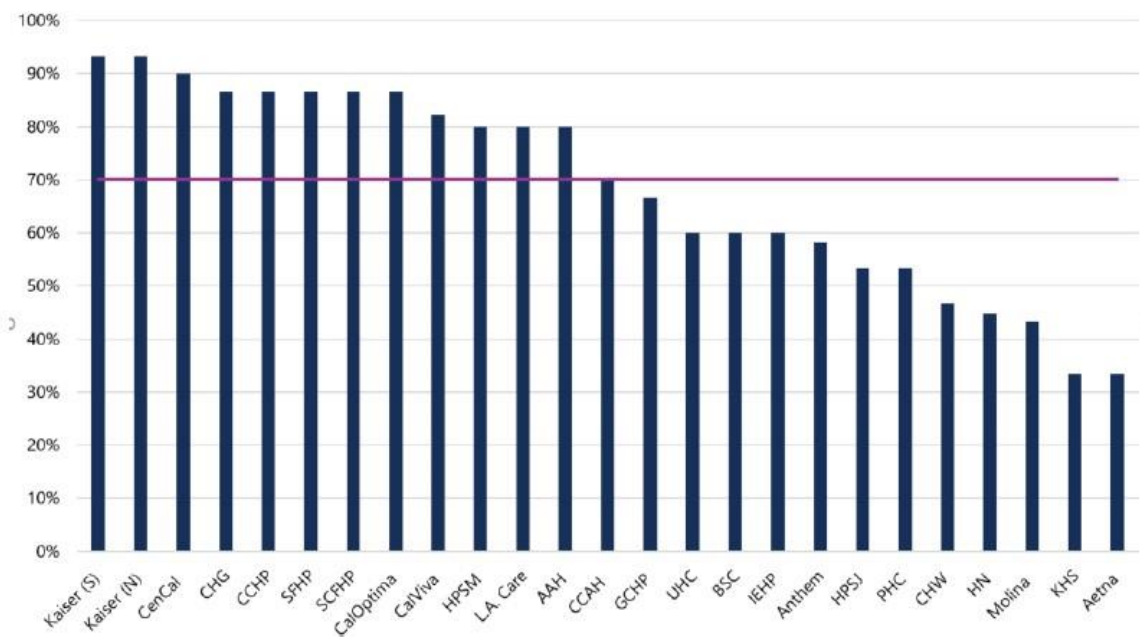
Year over year, Managed Care Plans in California can demonstrate wide variances within each health plans MCAS scores based on quality strategies implemented to impact each of the domains measured: child and adolescent health, women's and maternity health, and chronic diseases.

The following report is an overview of all California Managed Care Plans MCAS rates for Measurement Years 2021-2022.

### **REQUESTED ACTION**

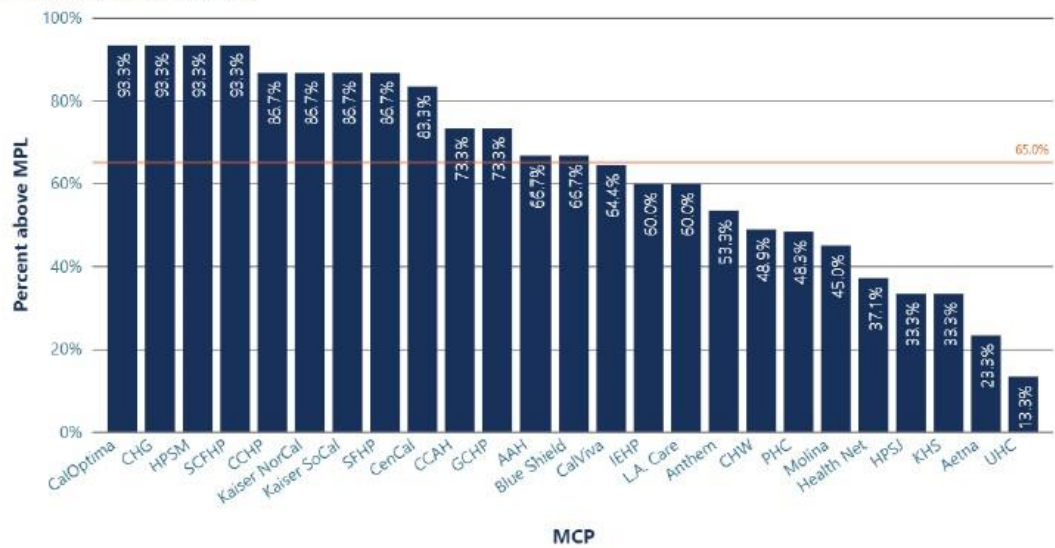
Receive and file.

Minimum Performance Level (MPL) Across all Domains for MY 2021



### Percent of Measures Meeting MPL per MCP

Measurement Year (MY) 2022



Data Source: MCAS measurement data reported by MCPs  
Prepared by the California Department of Health Care Services

